

BIKRAM YOGA SEACOAST, Inc.

RELEASE AND WAIVER OF LIABILITY

Intro Week \$10 _____

Drop-In _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PRIMARY PHONE # () _____ D.O.B. ____/____/____

PLEASE DISCRIBE ANY PHYSICAL AILMENTS, CONDITIONS OR PROBLEMS:

PAST SURGERIES: _____

MEDICATIONS _____

BLOOD PRESSURE: _____ Low _____ Normal _____ High

DIABETIC? _____ ANY CHRONIC BACK PAIN? _____

EMERGENCY CONTACT PERSON; _____

PHONE NUMBER () _____

I, _____, am participating in yoga classes offered at Bikram Yoga Seacoast and am aware of the physical risks involved with strenuous exercise and I am aware that the exercises may cause physical injury. I understand it is my personal responsibility to consult with my Doctor regarding my participation. I represent and warrant that I am physically fit and have no medical condition which would prevent me from taking part in a Bikram Yoga Seacoast yoga class. I assume responsibility for any risk or injury I may sustain as a result of my participation. I agree to follow the exact instruction given by the yoga instructor and will not stray from their direction. I will not hold Bikram Yoga Seacoast responsible for any injuries suffered as a result of participation in the yoga classes. I